



REGISTRATION FORM

COMMUNITY CONNECTIONS EXPO

NAME OF ORGANIZATION/CLUB: _____

ADDRESS: _____

EMAIL: _____

PHONE #: _____

CONTACT NAME: _____

CONTACT PHONE #: _____

ARE YOU A 501 C: _____

WHAT WILL YOU BE FUNDRAISING AT YOUR BOOTH? _____

Please return form to our office at:

10 Main St., Williston, ND 58801

or June@willistonchamber.com

(701) 577-6000 / www.willistonchamber.com

**WILLISTON AREA
CHAMBER OF COMMERCE**
CONNECT ★ ENGAGE ★ GROW ★ LEAD